



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE, INDIAN HEALTH SERVICE  
TUCSON AREA OFFICE, TUCSON ARIZONA



VACANCY ANNOUNCEMENT

ANNOUNCEMENT NUMBER: SWR-06-0108 OPEN: 09-21-2005\* CLOSE: Until filled

NOTE 1: Vacancy Announcement number has changed from TNIHS-05-88

Note 2: A list of qualified applicants may be compiled and referred to the selecting official, 15 working days after the "open" date of the vacancy announcement. If a selection is not made from the first list, subsequent lists may be issued at the request of the selecting official. Those candidates who have complete application packets on file as of each request date will be considered for the vacancy.

AREA OF CONSIDERATION: All qualified applicants.

VACANCIES: One

POSITION TITLE/SERIES/GRADE: Dental Officer (Pedodontics), GS-0680-14

SALARY RANGE: \$85,123 - \$110,662 per annum

APPOINTMENT TYPE: Permanent, Full-Time (40 hour week)

ORGANIZATION/DUTY LOCATION: Sells Service Unit, Division of Clinical Services,  
Medical Services Branch, Tucson, Arizona

HUMAN RESOURCES OFFICE: Southwest Regional Human Resources Office, 7900 South J  
Stock Road, Tucson, AZ 85746 (520) 295-2434

CONDITIONS OF EMPLOYMENT:

- No government housing provided
- The Tucson Area Indian Health Service is a smoke-free work environment.
- Male applicants born after December 31, 1959, must certify that they have registered with the Selective Service System or are exempt from having to do so under the Selective Service law.
- A selectee born after 1956 must present proof of immunity to measles and rubella or be vaccinated before their appointment (subject to certain exemptions).
- A selectee to this position is subject to a background security investigation.
- A selectee to this position may be required to satisfactorily complete a one-year probationary period.

TRAVEL and RELOCATION: Travel and relocation costs may be paid in accordance with applicable Federal and departmental travel regulations.

DESCRIPTION OF DUTIES: This position is located at the San Xavier Healthcare Center in Tucson, Arizona. The incumbent in this position will serve as the Area Consultant in the field of Pediatric Dentistry and will represent both the Tucson Area Indian Health Service (20%) and the Sells Service Unit Dental Program (80%). Serve as the Tucson Area Indian Health Service Pediatric Dental Consultant. Serve as an administrator in the development, implementation and evaluation of pediatric dental programs based on the objectives of the overall IHS dental program. Contribute to the establishment of policies related to the

pediatric dental program with consultation and input from other Tucson Area and Indian Health Service dentists. Conduct special surveys on Indian Groups in order to secure baseline information related to the pediatric dental services they require. Conduct research in the program application of this clinical specialty. Represent the Tucson Area Indian Health Service in extra service relationships. Develop specific staff training programs in Pediatric Dentistry as required. Responsible for the acknowledgement of all Tucson Area Indian Health Service communications and reports. Provide direct care in Pediatric dentistry for all dental patients as required on demand and referral basis. Assist the Chief and Deputy Chief with the development, implementation and evaluation of the dental residency-training program in Pediatric Dentistry. Assist the Chief and Deputy Chief in the supervision of dental personnel as pertinent in the Pediatric Dental Clinic. Serve as a staff member of various hospital committees when directed. Establish and maintain relations with other health disciplines and tribal health groups as well as other official and non-official health, education and governing bodies or organizations.

This position requires that the individual selected obtain and maintain medical privileges. If either privileges or an unrestricted license are not obtained or maintained during employment, the employee may be subject to an adverse action, up to and including removal from the federal service.

SELECTIVE PLACEMENT FACTOR: None

QUALIFICATION REQUIREMENTS: Candidates must have had experience and/or education as described below. Your description of work experience, level of responsibility, and accomplishments will be used to determine that you meet these requirements.

Basic Requirements:

Education: Degree in dental surgery (D.D.S.) or dental medicine (D.M.D.) from a school approved by the Council on Dental Education, American Dental Association (ADA); or other dental school, provided the education and knowledge acquired was substantially equivalent to that of graduates from an ADA-approved school.

Licensure: Applicants must be currently licensed to practice dentistry in a State, the District of Columbia, or Puerto Rico.

Additional Requirements: One year of professional dentistry experience equivalent to at least the GS-13 grade level.

Experience and/or training must be one of the following types:

- Post-licensure professional experience in the general practice of dentistry.
- Approved internship training.
- Approved residency training.
- Graduate-level study in an accredited dental school.
- Post-licensure professional experience in a specialized area of practice.
- Other advanced study or training (outside a dental school or hospital) creditable towards satisfaction of training program requirements for Board eligibility.

Medical Requirements: Must be able to distinguish shades of color.

LEGAL AND REGULATORY REQUIREMENTS: Candidates must meet time after competitive appointment, time-in-grade, and qualification requirements by the closing date of this announcement. If selected under the Excepted Service Examining Plan (ESEP) or the Delegated Examining Unit (DEU) procedures, time-in-grade requirements do not apply.

QUALITY OF EXPERIENCE: Experience must have been at a level of difficulty comparable to the next lower grade in the Federal service. It is an applicant's responsibility to provide

documentation or proof that he or she has met the qualification requirements of the position. Reference inquiries, including contacts with candidate's instructors, supervisors or employers may be made to obtain further information about the candidate's professional qualifications for the position.

**KNOWLEDGE, SKILLS AND ABILITIES (KSAs) REQUIRED:** Applicants who meet the basic qualification requirements described in this announcement will be further evaluated by determining the extent to which their work or related experience, education, training, awards, outside activities, and performance appraisal etc., indicate they possess the knowledge, skills and abilities described below. All applicants should provide clear, concise examples that show level of accomplishment or degree to which they possess the KSAs on a separate attachment. The information provided will be used to determine the "best qualified" candidates.

1. Knowledge of the concepts, principles, practices, methodologies and techniques of pediatric dentistry.
2. Skill and ability to develop training materials and to train.
3. Ability to communicate effectively orally.
4. Ability to communicate effectively writing.

**HOW TO APPLY:** Interested applicants must submit one of the following:

1. OF-612, Optional Application for Federal Employment; or
2. Resume; or
3. Any other written application to:  
Tucson Area Indian Health Service  
Attention: SW Regional HR Office  
7900 South J Stock Road  
Tucson, AZ 85746

For additional information or to obtain a copy of the vacancy announcement or forms, you may call the Human Resources office at 520- 295-2435 or visit the OPM website at [www.jobsearch.usajobs.opm.gov/](http://www.jobsearch.usajobs.opm.gov/) or the IHS website at [www.ihs.gov/JobsCareerDevelop/Jobs\\_index.asp](http://www.ihs.gov/JobsCareerDevelop/Jobs_index.asp)

**SEPARATE ATTACHMENTS REQUIRED IN ADDITION TO APPLICATION / RESUME:**

1. Form BIA-4432, Verification of Indian Preference for Employment, if claiming
2. Indian Preference. (Current Tucson Area IHS employees may state on their application that proof of Indian Preference is on file in their Official Personnel File).
3. Narrative statements with specific responses to the Knowledge, Skills and Abilities (KSAs) and/or Selective Placement Factor identified for this position. One page per KSA.
4. Optional Form 306, Declaration for Federal Employment; MANDATORY for all positions.
5. Addendum to Declaration for Federal Employment - IHS-Child Care & Indian Child Care Worker Positions, if applicable. MANDATORY for positions that require regular contact or control over children.
6. Veteran preference eligible – Submit evidence of eligibility, i.e., DD-214, Certificate of Release or Discharge from Active Duty, or SF-15, Application for 10-Point Veteran Preference and the proof requested on the form.
7. Current or former Federal employee - SF-50B, Notification of Personnel Action.
8. PHS Commissioned Corps applicant - Copy of Personnel Order.
9. Copies of current/active license or certification.
10. College transcript(s).
11. Copy of most current performance evaluation.

**INFORMATION NEEDED ON APPLICATION / RESUME**

1. Announcement number and title and grade(s) of the job you are applying for; full name, mailing address (with zip code) and day and evening telephone numbers; Social Security Number; Country of citizenship.
2. Highest Federal civilian grade held (also give job series and dates held).
3. High School – Name, city, state (zip code, if known), date of diploma or GED.
4. Colleges or universities – Name, city, state (zip code, if known), majors, type and year of any degrees received (if no degree, show total credits earned and indicate whether semester or quarter hours). Attach transcript(s).
5. Residency training - Indicate specialty; name and location of hospital, name of program director, dates attended (month/year), date certificate received (if applicable).
6. Certification by a Specialty Board – Indicate if you are eligible for certification by an American Specialty Board or if you are board certified. Indicate name of specialty board and date (month/year) of certification or eligibility (if applicable). Attach certification.
7. Work Experience (paid and unpaid) – Job title, duties and accomplishments, employer's name and address, supervisor's name and phone number, starting and ending dates (month/year), hours per week, salary and indicate if we may contact your current supervisor.
8. Job-related training courses (title and year), honors, awards and special accomplishments, (i.e., publications, memberships in professional or honor societies), leadership activities, public speaking and performance awards.
9. Job-related skills, for example, other languages, computer software/hardware, tools, machinery, typing speed.

Application Instructions for Public Health Service Commissioned Corps Candidates: Your resume or curriculum vitae must contain all the information listed in HOW TO APPLY in sufficient detail to enable the Human Resources Office to make a determination that you have the required qualifications for the position. A narrative statement addressing specific information related to any knowledge, skills and abilities, which are being used as a selective and/or evaluative factor is required. Proof of an appropriate license, if applicable, must also be provided. Applicants claiming Indian Preference must submit proof on Form BIA-4432 and will be evaluated against the applicable Preston Standard or the Civil Service, if no Preston Standard exists. Candidates must meet full qualification requirements. If your resume or curriculum vitae does not provide all the information requested in the job announcement, you may lose consideration for the position. Submit a copy of your personnel order.

#### Other Information:

Applications, resumes or other written application format must contain all of the information listed above in sufficient detail to enable the Human Resources Office to make a determination that you have the required qualifications for the position. If your application, resume or other written application format does not contain all the information and forms requested in the announcement, you may lose consideration for this job.

APPLICATIONS WITH REQUIRED FORMS MUST BE RECEIVED IN OUR OFFICE NO LATER THAN 5:00 P.M. ON THE CLOSING DATE OF THE ANNOUNCEMENT. TELEFAXED/EMAILED DOCUMENTS WILL NOT BE ACCEPTED. THERE WILL BE NO EXCEPTIONS.

Preference in filling vacancies is given to qualified Indian Preference candidates in accordance with the Indian Preference Act (Title 25, United States Code, Sections 472 and 473).

Applicants or current Federal employees claiming Indian Preference must indicate on their application packet, if they wish to be considered under the Merit Promotion Plan (MPP), the Excepted Service Examining Plan (ESEP), or both. If not, they will be considered under the MPP only.

Proof of U.S. Citizenship is required for an appointment to the Indian Health Service. The Director, IHS may grant an exception to this policy for appointments to excepted positions, provided that the current appropriations act permits IHS to pay citizens from the country where the applicant is from.

Additional selections may be made within 90 days from the date the Candidate Referral Roster was issued if the position becomes vacant or to fill an identical additional position.

Employees, who received a buyout and subsequently return to positions in Federal agencies, whether by re-employment or contracts for personal services, are generally obligated to repay the full amount of the buyout to the agency that paid it.

If position is advertised at multiple grade levels, it can be filled at a lower grade than the full performance level. Advancement to the next grade without further competition is possible, once all legal and regulatory requirements are met, however, such advancement is neither automatic nor guaranteed. The Tucson Area Indian Health Service provides reasonable accommodations to applicants with disabilities. If you need reasonable accommodation for any part of the application and hiring process, please notify the Human Resources Management Branch at (520) 295-2435. The decision on granting reasonable accommodation will be on a case-by-case basis.

AREA INFORMATION: The Tucson Area encompasses the Pascua Yaqui (pah.skawah ya.ke) and Tohono O'odham (to.ho.no aah.tum) Indian Reservations. The Sells Service Unit (SSU) is the primary source of health care for the approximately 24,000 people of the Tohono O'odham Nation. The Sells Service Unit consists of an American Hospital Association affiliated JCAHO accredited hospital at Sells (65 miles west of Tucson) and three health centers - San Xavier Health Center located in Tucson; Santa Rosa Health Center located in Santa Rosa, and the Westside Health Center (to open in 2006) located in San Simon Village. The SSU also provides an environmental health program, which is responsible for construction and maintenance of sanitation facilities. The Sells Service Unit has a community focused health care delivery program and works in close association with the Tohono O'odham Tribal Health Committee and Tribal Health Department.

Tucson - Arizona's second largest metropolitan area is home to nearly 600,000. Tucson is one of the oldest continuously inhabited sites in North America, steeped in a rich heritage of Indian and Spanish influence. It affords entertainment, recreation and shopping and cultural opportunities. The arid desert climate receives an annual rainfall of 7 inches with average temperatures ranging from 50° in winter months to over 100° in summer.

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Addendum to Declaration for Federal Employment (OF 306)  
Indian Health Service  
Child Care & Indian Child Care Worker Positions

#### Item 15a. Agency Specific Questions

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Please print)  
Job Title in Announcement: Dental Officer, GS-0680-14  
Announcement Number: SWR-06-0108

Section 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, contains a related requirement for positions in the Department of Health and Human Services that involve regular contact with or control over Indian children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere or guilty to certain crimes.

To assure compliance with the above laws, the following questions are added to the Declaration for Federal Employment:

1) Have you ever been arrested for or charged with a crime involving a child?  
YES\_\_\_\_\_ NO\_\_\_\_\_

[If YES, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence and the name and address of the police department or court involved.]

2) Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious or misdemeanor offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children?  
YES\_\_\_\_\_ NO\_\_\_\_\_

[If YES, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence and the name address of the police department or court involved.]

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to \$2,000 or 5 years imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my right to challenge the accuracy and completeness of any information contained in the report.

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Applicant's Signature (sign in ink)

Date

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b)(3), a Federal agency may not conduct or sponsor and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852. Please do not send completed data collection instruments to this address.

FORM APPROVED: O.M.B. NO. 0917-0028

Expires 11/30/2005

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CTAP - INFORMATION FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) SURPLUS OR DISPLACED EMPLOYEES REQUESTING SPECIAL SELECTION PRIORITY CONSIDERATION.

If you are currently a DHHS employee who has received a Reduction-in-Force (RIF) separation notice or a Certificate of Expected Separation, you may be entitled to special priority selection under the DHHS Career Transition Assistance Program (CTAP). To receive this priority consideration, you must:

1. Be a current DHHS career or career-conditional (tenure group I or II) or be a current IHS excepted appointment (with no time limits) tenure group II excepted/competitive service employee who has received a RIF separation notice or a Certificate of Expected Separation (CES) and, the date of the RIF separation has not passed and you are still on the rolls of DHHS. You must submit a copy of the RIF separation notice or CES along with your application.
2. Be applying for a position that is at or below the grade level of the position from which you are being separated. The position must not have a greater promotion potential than the position from which you are being separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package.
4. Be currently employed by DHHS in the same commuting area of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date and meet all the application criteria (e.g., submit all required documentation, etc.).
6. Meet the basic qualifications for the position, any documented selective factor, physical requirements with any reasonable accommodation and are able to satisfactorily perform the duties of the position without undue interruption.

ICTAP - INFORMATION FOR DISPLACED EMPLOYEES REQUESTING SPECIAL SELECTION PRIORITY CONSIDERATION UNDER THE INTERAGENCY CAREER TRANSITION ASSISTANCE PROGRAM (ICTAP)

If you are a displaced Federal employee, you may be entitled to receive special priority selection under the ICTAP. To receive this priority consideration, you must:

1. Be a displaced Federal employee. You must submit a copy of the appropriate documentation such as RIF separation notice, a letter from the Office of Personnel Management or our agency documenting your priority consideration status with your application package. The following categories of candidates are considered displaced employees.
  - A. Current or former career or career-conditional (tenure group I or II) competitive service employees who:
    1. Received a specific RIF separation notice; or
    2. Separated because of a compensable injury, whose compensation has been terminated and whose former agency certifies that it is unable to place; or
    3. Retired with a disability and whose disability annuity has been or is being terminated; or
    4. Upon receipt of a RIF separation notice retired on the effective date of the RIF and submits a Standard Form 50 that indicates "Retirement in Lieu of RIF;" or
    5. Retired under the discontinued service retirement option; or
    6. Was separated because he/she declined a transfer of function or directed reassignment to another commuting area.

OR

B. Former Military Reserve or National Guard Technicians who are receiving a special Office of Personnel Management (OPM) disability retirement annuity under Section 8337(h) or 8456 of Title 5, United States Code.

2. Be applying for a position at or below the grade level of the position from which you have been separated. The position must not have a greater promotion potential than the position from which you are separated.
3. Have current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package. (This requirement does not apply to candidates who are eligible due to compensable injury or disability retirement.)
4. Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement date and meet all the application criteria (e.g., submit all required documentation, etc.).
6. Be rated well qualified for the position including documented selective factors, quality ranking factors, physical requirements with reasonable accommodations and are able to satisfactorily perform the duties of the position upon entry.



## SUPPLEMENTAL QUALIFICATIONS STATEMENT

Medical and Dental Officer, GS-11/15

(Complete and submit this form with your application.)

If more space is required, use plain paper. Write your name on each sheet and attach to this form.

1. Name:
2. Date of Birth:
3. Social Security Number:
4. Address:
5. Basic Professional Training (Name and Location of School):
6. Type of Degree (e.g. MD) and date received (month, day, year):
7. Class Rank or standing: Top \_\_\_\_ %
8. If your degree was received in a school outside of the U.S. have you passed the examination given by the Education Council for Foreign Medical Graduates?
9. Date of ECFMG Certificate, if applicable (month, day, year):
10. INTERNSHIP:
  - A. Type of internship and specialty:
  - B. Name and location of Hospital (city and state):
  - C. Name of Chief of Service or Program Director:
  - D. From/to dates attended (month and year):
  - E. Date certificate received:
11. RESIDENCY TRAINING AND FELLOWSHIP:
  - A. Name of Specialty
  - B. Name and location of Hospital (city and state):
  - C. Name of Chief of Service or Program Director:
  - D. From/to dates attended (month and year):
  - E. Date certificate received:
12. OTHER GRADUATE TRAINING:
  - A. Major Field of Study or Program
  - B. Name and location of Hospital (city and state):
  - C. Certificate, Diploma or Degree Received and Date (month/year)
  - D. From/to dates attended (month and year):
  - E. Date certificate received:
13. CERTIFICATION BY A SPECIALTY BOARD:
  - A. Are you eligible for certification by an American Specialty Board?
  - B. Are you Board Certified?
  - C. If your answer to A or B is "Yes", furnish the following:
    - a. Name of Specialty Board
    - b. Specialty
    - c. Date of Certification or Eligibility (month/year)
14. PRIVATE PRACTICE EXPERIENCE:
  - A. Type of Practice:

General Practice:

Specialized Practice (Specify specialty):
  - B. Give a brief description of the nature of your practice:
  - C. Location (City and State):
  - D. From/to dates (month and year):
15. PERSONAL QUALIFICATIONS AND SCIENTIFIC CONTRIBUTIONS:
  - A. Professional or Scientific Societies with which affiliated (Do NOT

Abbreviate):

a. Type of Membership

b. Official Posts Held

B. Scholarships, honors, citations, awards or other pending professional recognition received.

C. Seminars, important professional committees and panels conducted.

D. Service as a consultant? If so, give information as to specialties, to whom, purpose, frequency, length and recency.

E. Articles, books, reports and papers published. Papers presented before professional groups. Start with earliest publication or paper presented and group in successive five-year periods. If material has been published in professional journals, give names of journals and dates of issue. (Do not list abstracts and do not submit copies of publications or papers unless requested to do so.)

16. EXPERIENCE IN HOSPITALS, CLINICS OR OTHER MEDICAL OR DENTAL ACTIVITY CARE PROGRAMS. (Indicate paid experience other than internships, residences and fellowships.)

A. Name and location of Hospital, Clinic or other Program (city and state):

B. Name of Chief of Service or Program Director:

C. From/to dates attended (month and year):

D. Brief statement of duties:

17. RESEARCH

A. Name and location of Hospital, or other Institution (city and state):

B. Research Projects (Title and Nature):

C. Name of Supervisor or Project Director:

D. From/to dates (month and year):

E. State whether you directed the research, conducted the projects or served as an assistant:

18. FOR DENTAL OFFICER APPLICANTS ONLY

A. If you are thoroughly familiar with the subjects listed below and are capable of performing the operation independent of supervision, signify by marking an "X" in the box in front of the item. If you have performed the operation under supervision and feel such supervision is desirable, signify by marking an "O" in the box in front of the item. If you have never performed the operation, leave the box blank in front of the item.

\_\_\_Recording a complete oral examination by use of mouth mirror and explorer, interpretation of Dental Radiographs, Transillumination and vitalometer

\_\_\_Interpretation of Dental Radiographs

\_\_\_Use of Dental X-ray unit and processing of films

\_\_\_Oral Prophylaxis

\_\_\_Black's and other approved cavity preparations (all classifications)

\_\_\_Use of silicate (porcelain) cement

\_\_\_Use of plastic filling materials

\_\_\_Insertion of contoured amalgam restoration

\_\_\_Construction and insertion of gold inlay (direct or indirect method)

\_\_\_Construction and insertion of three quarter crown

\_\_\_Insertion of gold foil filling

\_\_\_Preparation for jacket crown

\_\_\_Construction of fixed partial dentures

\_\_\_Muscle trimmed impression of edentulous mouth

\_\_\_Compound only

\_\_\_Compound in connection with other material

\_\_\_Hydrocolloid compound impressions of partially edentulous mouth

\_\_\_Taking the bite

\_\_\_Obtaining the inter-occlusal relationship

\_\_\_Boxing impression and casting model with artificial stone

- \_\_\_Construction of contour occlusion rims:
- \_\_\_In wax
- \_\_\_In compound
- \_\_\_Of resin material
- \_\_\_Setting up artificial teeth (anatomical articulations)
- \_\_\_Designing removable oral prosthesis with particular reference to location and design of clasps, rests and major connectors
- \_\_\_Construction of removable oral prosthesis
- \_\_\_Proper manipulation of plasters, investment and artificial stone
- \_\_\_Capable of performing laboratory procedures in construction of:
- \_\_\_Intermaxillary wiring
- \_\_\_By cast metal or plastic splints
- \_\_\_By intra or extra oral mechanical splints (in edentulous cases)
- \_\_\_By open reduction oral mechanical splints (in edentulous cases)
- \_\_\_Surgical removal of impacted teeth
- \_\_\_Surgical removal of cyst

B. Would you accept a position which includes the treatment of children?

19. Are you currently licensed to practice medicine and surgery or dentistry in a State or Territory of the United States?

If yes, specify the State or Territory.

20. Are you registered under the Anti-Narcotic (Harrison) Act?

If yes, specify the State or Territory.

21. A. Is your license to practice medicine and surgery or dentistry limited or restricted (e.g. use of drugs, use of surgery, etc) in any way? If yes, fully explain.

B. Is your license temporary?

22. A. Has your license to practice medicine and surgery or dentistry ever been suspended or revoked? If yes, fully explain.

B. Has your application for admission to a state or territorial licensing examination for the practice of medicine and surgery or dentistry ever been refused? If yes, fully explain.

C. Has your application for renewal of your license or medical registration to practice medicine and surgery or dentistry ever been refused? If yes, fully explain.

23. A. Have you ever been charged with a violation of the Anti-Narcotic (Harrison) Act? If yes, fully explain.

B. Has your registration under this act ever been suspended or revoked or your application for registration denied? If yes, fully explain.

C. Have you ever been charged with violation of any state law pertaining to habit-forming drugs, narcotics or intoxicating liquor? If yes, fully explain.

24. REMARKS. Use this space and additional sheets, if necessary, to give any additional information in connection with your answers to the above questions.

The U.S. Civil Service Commission is authorized by section 1302 of Chapter 13 (special Authority) and sections 3301 and 3304 of Chapter 33 (Examination, Certification and Appointment) of Title 5 of the U.S. Code to collect the information on this form.

Executive Order 9397 (Numbering System for Federal Accounts Relating to Individual Persons) authorizes the collection of your Social Security Number (SSN). Your SSN is used to identify this form with your basic application. It may be used for the same purposes as stated on the application.

The information you provide will be used primarily to determine your qualifications for Federal employment. Other possible uses or disclosures of the information are:

1. To make requests for information about you from any source (e.g. former employers or schools), that would assist an agency in determining whether to hire you;
2. To refer your application to prospective Federal employers and with your consent, to others (e.g., State and Local governments) for possible employment;
3. To a Federal, State or local agency for checking on violations of law or other lawful purposes in connection with hiring or retaining you on the job, or issuing you a security clearance;
4. To the courts when the Government is party to a suit; and
5. When lawfully required by Congress, the Office of Management and Budget or the General Services Administration.

Providing the information requested on this form, including your SSN, is voluntary. However, failure to do so may result in your not receiving an accurate rating, which may hinder your chances for obtaining Federal employment.

ATTENTION – THIS STATEMENT MUST BE SIGNED

Read the following paragraph carefully before signing this statement.

A false answer to any question in this statement may be grounds for not employing you, or for dismissing you after you begin work and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements are subject to investigation, including a check of your fingerprints, police records and former employers. All the information you give will be considered in reviewing your statement and is subject to investigation.

## CERTIFICATION

I certify that all of the statements made in this statement are true, complete and correct to the best of my knowledge and belief and are made in good faith.

Signature

Date \_\_\_\_\_